



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 910.00

Complete if Known

Application Number 09/890,587-Conf. #6310
Filing Date August 2, 2001
First Named Inventor Michel Maillard
Examiner Name Moorthy, Aravind K
Art Unit 2131
Attorney Docket No. 11345/034001

22511

METHOD OF PAYMENT (check all that apply)

PATENT TRADEMARK OFFICE

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 21 Extra Claims - 36 = x Fee (\$) = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 2 Extra Claims - 4 = x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00
1801 Request for continued examination (RCE) (see 37 ... 790.00

SUBMITTED BY

Signature [Signature] #45,079 Registration No. 33,986 Telephone (713) 228-8600
Name (Print/Type) Jonathan P. Osha THOMAS ECHERER Date April 6, 2006



Application No. (if known): 09/890,587

Attorney Docket No.: 11345/034001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV842274577US, in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 6, 2006
Date

Debra V. Wieser

Signature

22511

PATENT TRADEMARK OFFICE

Debra V. Wieser

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Request for Continued Examination Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Fee Transmittal (1 page)
Payment by credit card; Form PTO-2038 attached (1 page);
charge \$910.00 to credit card
Submission For A Request For Continued Examination Under
37 C.F.R. § 1.114 (12 pages)
Return Receipt Postcard (1 page)